



CLIENT SERVICES TRUST FUND

Client Services Trust Fund is a one-time assistance fund that was established to assist people with developmental disabilities and their families to reach their goal of increased independence. The Developmental Disabilities Advisory Council reviews and approves expenditures which meet the program goals.

Client Services Trust Fund Program Goals

The goals of the Client Services Trust Fund are to promote self-determination and provide for creative supports which increase participation in the community or improve an individual's quality of life.

Who is Eligible?

Anyone who is eligible to receive supports through the Division of Developmental Disabilities is eligible to apply for assistance. In all cases, the individual or family members must meet the following criteria:

- ◆ The requested item or support is not available through alternative programs.
- ◆ The individual or family member commits to contributing partial funding or in-kind supports.
- ◆ The individual or family member demonstrates financial need for assistance.
- ◆ Individuals requesting funding assistance to purchase a home must meet the criteria listed in the Home Purchase Application Guidelines on page 2.

What is Covered?

The Council will review and authorize expenditures for single item one-time requests, up to the limit of available funds, that assist an individual to more fully participate in his/her community or improve the quality of life. The Client Services Trust Fund does not cover on-going funding needs such as rent subsidies or therapy payments. The Council is unable to fund the purchase of vehicles, but may cover the costs of repairs and modifications to vehicles. **Requests for reimbursement will not be considered.**

What are the Funding Limitations?

Each year, the Council determines the maximum amount of funds available for the program. The maximum amount of award per individual per request is \$3,500.00. Individuals or their family members may make only one request per funding award period. Individuals or their families may only receive funding once per 12 month period. Requests can be made for single item purchases only. Requests for computers, if approved, will typically be approved for no more than \$1,000.00. Diapers, if approved, will be funded for one and one half cases per month for one (1) year, not to exceed \$800. Individuals living in residential settings are not eligible to receive diapers through this fund. **The Council's award decisions are final.**

How are Awards Determined?

Applications are ranked into three award areas:

- ◆ **Health and safety** – Allows for the purchase of an item or support which, if not received, would place the individual at significant risk.
- ◆ **Maintenance** – Allows for the purchase of an item or support that allows the individual to continue his/her current level of assisted or independent living.
- ◆ **Enhancement** – Allows for the purchase of an item or support that will improve or increase the individual's quality of life.

Within those areas, awards are prioritized with consideration given to:

- ◆ Amount of supports an individual already receives.
- ◆ Degree of financial need.
- ◆ Likelihood of funding to have a long-term positive impact.
- ◆ Demonstration that use of the Client Services Trust Fund will support the family's integrity and prevent the need for residential placement or that it will foster a smooth transition to more independent living (*for an adult with a developmental disability*).

How Do I Apply?

You must complete an application and a financial need statement. **You must include the names and ages of all people living in the household and the total household income and expenses.** Applications for a home purchase must also include information contained in the Home Purchase Guidelines. Applications may be obtained through your Support Coordinator or by calling the Client Services Trust Fund Coordinator at (602) 542-0419 or 866-229-5553. Applications are reviewed two times per year. **Applications are due by March 1st and September 1st.**

The application process takes approximately 45 days from the application deadline. If awarded, applicants will receive a letter of award which will include any additional requirements to receive the funding. **Incomplete applications will not be considered for funding and will be returned to the applicant.** You may then reapply at the next award cycle with complete information.

Applicants should submit any additional documentation such as letters of justification to assist the Council in evaluating the request. You **must** include at least two estimates.

Home Purchase Application Guidelines

The following additional criteria are established for those requesting Client Services Trust Fund assistance for the purpose of purchasing their own home:

- ◆ The individual must be an adult with a developmental disability seeking to live independently and be eligible to receive supports from the Division of Developmental Disabilities.
- ◆ The purchase must represent a move to a more independent setting.
- ◆ The applicant must:
 - ◆ Be a first-time home buyer.
 - ◆ Demonstrate financial need.
 - ◆ Participate in pre-purchase counseling.
 - ◆ Contribute financially to the purchase opportunity.

Applicants must provide the following documentation:

- ◆ Documentation of pre-purchase counseling.
 - ◆ Copy of loan pre-qualification letter from a recognized financial institution.
 - ◆ Copy of final loan approval letter.
 - ◆ Documentation of cost contribution.
 - ◆ Documentation of alternative funding explored.
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ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

**CLIENT SERVICES TRUST FUND
APPLICATION FOR ONE-TIME ASSISTANCE**

CLIENT'S NAME <i>(Last, First, M.I.)</i>	BIRTHDATE	AGE	PHONE NO.
CLIENT'S ADDRESS <i>(No., Street, City, State, ZIP)</i>			
CLIENT'S ASSISTS NUMBER	MAILING ADDRESS <i>(If different)</i>		
SUPPORT COORDINATOR'S NAME	PHONE NO.	AMOUNT REQUESTED \$	PROGRAM ELIGIBILITY <i>(Check all that apply)</i> <input type="checkbox"/> ALTCS <input type="checkbox"/> DD <input type="checkbox"/> SSI

What will the funds be used for? *(You must include a copy of two estimates)*

Describe the reason(s) for requesting assistance *(List any extenuating circumstances such as health status, parental age, complexity of the individual's needs and the stress level this places on the family and their ability to respond to that stress.)*

Describe client/family member's cost contribution/in-kind support. *(List amount of financial contribution and/or the specific type of in-kind support offered.)*

Describe alternative resources explored, please be specific. *(Request for medical or dental funding must include a copy of medical provider's denial.)*

List all services/supports the client is currently receiving from the Division of Developmental Disabilities *(Division)*.

CLIENT SERVICES TRUST FUND REQUEST

I request a one-time payment in the amount of \$ _____.

Client Services Trust Fund payment would be received by:

PAYEE'S NAME <i>(Last, First, M.I.)</i>	FEI NO.	RELATIONSHIP TO APPLICANT
PAYEE'S ADDRESS <i>(No., Street, City, State, ZIP)</i>		

Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity know of. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us your disability needs in advance if at all possible. This document is available in alternative formats by contacting (602) 542-6825.

CLIENT SERVICES TRUST FUND FINANCIAL NEED STATEMENT

INCOME

HOUSEHOLD INCOME	GROSS MONTHLY INCOME	ALIMONY/CHILD SUPPORT	OTHER (Food Stamps, Public Housing, etc.)	SSI/SSD	TOTAL INCOME
CLIENT:					
ALL OTHERS:					
COMBINED TOTAL					

List names and ages of **all** persons dependent upon the income in the household.

NAME	AGE	NAME	AGE
NAME	AGE	NAME	AGE
NAME	AGE	NAME	AGE

ALL HOUSEHOLD EXPENSES

ITEM	MONTHLY AMOUNT
Mortgage/Rent	\$
Auto	\$
Phone	\$
Utilities	\$
Food	\$
Insurance	\$
Child Care	\$
Credit Cards	\$
Alimony	\$
Child Support	\$
Other (Specify)	\$
Exceptional Costs Associated with Care (Specify)	\$
TOTAL EXPENSES	\$
TOTAL INCOME	\$
TOTAL DISCRETIONARY FUNDS PER MONTH (Income minus expenses)	\$

CLIENT SERVICES TRUST FUND AGREEMENT

Client/family agreement: I/we agree to use approved Client Services Trust Funds according to this request. I/we agree to return to the Division all unspent funds received, and to furnish receipts to the Division documenting all expenditures. I/we agree to notify the Division support coordinator in a timely manner of any changes in contributions, income or other circumstances that may affect this agreement. To the best of my knowledge, all information in this application is accurate.

CLIENT/RESPONSIBLE PERSON'S SIGNATURE	DATE
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MAIL COMPLETED FORM TO: Arizona Department of Economic Security
 Division of Developmental Disabilities
 Client Services Trust Fund Coordinator, Site Code 791A
 P.O. Box 6123
 Phoenix, Arizona 85005-6123